

# PEDIATRIC EMERGENCIES - CARDIAC ARREST ASYSTOLE/PEA

1107

Cardiac Arrest in infants and children is rarely a primary event. It is usually a result of deterioration of respiratory function resulting in decreased cardiac function. Cardiac arrest can potentially be prevented if the symptoms of respiratory failure and/or shock are recognized and quickly treated.

## Basic Life Support

1. Check responsiveness.
2. Call for ALS backup if available.
3. AED per Standing Order #303
4. Begin CPR.
5. Ventilate with 100% oxygen, with Bag Valve Mask
6. Transport ASAP.

## Advanced Life Support

1. Continue CPR.
2. Apply Cardiac monitor – confirm rhythm in two leads.
3. Intubate and Ventilate with 100 % oxygen.
4. IV or IO Normal Saline, LR KVO. Consider fluid bolus 20cc/kg.
5. Epinephrine: repeat every 3-5 minutes as needed. (Repeat immediately after IV/IO established).
  - A. 1:10,000, 0.01mg/kg IV or IO. (consider higher dose for second and subsequent doses)
  - B. ET 0.1 cc/kg 1:1,000
6. Transport.
7. Contact MCP for further orders.
8. Consider Defibrillation for fine V-fibrillation after 3 doses epinephrine (4 J/kg)

## Key Points/Considerations

Consider causes: 4H's, 4T's (see Protocol #1106).  
Frequent reevaluation of airway important during transport.

Service Director Initials \_\_\_\_\_

Medical Director Initials \_\_\_\_\_

Date Approved By KBEMS \_\_\_\_\_

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